

APPLICATION DATA SHEET

APPLICATION INFORMATION

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| Application number:: | |
| Filing Date:: | |
| Application Type:: | Regular (371 National Entry) |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | METHOD FOR TREATING NEUROLOGICAL DISORDERS |
| Attorney Docket Number:: | 701039-054385 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 12 |
| Small Entity?:: | Yes |
| Latin name:: | |

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|---------------------------------|----|
| Variety denomination name:: | |
| Petition included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent App.?:: | No |

APPLICANT INFORMATION

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|---|--------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full capacity |
| Given Name:: | Larry |
| Middle Name:: | I. |
| Family Name:: | Benowitz |
| Name Suffix:: | |
| City of Residence:: | Newton |
| State or Province of Residence:: | MA |
| Country of Residence:: | US |
| Street of mailing address:: | 45 Moreland Avenue |
| City of mailing address:: | Newton |
| State or Province of mailing address:: | MA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 02159 |

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|---|-------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | DE |
| Status:: | Full capacity |
| Given Name:: | Dietmar |
| Middle Name:: | |
| Family Name:: | Fischer |
| Name Suffix:: | |
| City of Residence:: | Dornstadt-Tomerdingen |
| State or Province of Residence:: | |
| Country of Residence:: | DE |
| Street of mailing address:: | Wannenmacher Strasse 22 |
| City of mailing address:: | Dornstadt-Tomerdingen |
| State or Province of mailing address:: | |
| Country of mailing address:: | DE |
| Postal or Zip Code of mailing address:: | 89160 |

CORRESPONDENCE INFORMATION

| | |
|----------------------------------|---------------------------------------|
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| Name:: | David S. Resnick NIXON PEABODY LLP |
| Street of mailing address:: | 100 Summer Street |
| City of mailing address:: | Boston |

| | |
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| State or Province of mailing address:: | MA |
| Country of mailing address:: | US |
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| Phone number:: | (617) 345-1000, X6057 |
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REPRESENTATIVE INFORMATION

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| Representative Customer Number:: | 50828 |
|----------------------------------|-------|

OR

| Representative Designation:: | Registration Number:: | Representative Name:: |
|------------------------------|-----------------------|-----------------------|
| Attorney of Record | 30,628 | Ronald I. Eisenstein |
| Attorney of Record | 34,235 | David S. Resnick |
| Agent | L0207 | Leena H. Karttunen |
| Agent | 58,109 | Candace M. Summerford |
| Attorney | 30,727 | Michael L. Goldman |

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|-------------------|--|----------------------|-------------------------|
| This application | 371 National Stage of | PCT/US2004/042255 | 12/16/2004 |
| PCT/US2004/042255 | An application claiming the benefit under 35 USC 119(e) | 60/529,833 | 12/16/2003 |

FOREIGN PRIORITY INFORMATION

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
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ASSIGNEE INFORMATION

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| Assignee name:: | Children's Medical Center Corporation |
| Street of mailing address:: | 55 Shattuck Street |
| City of mailing address:: | Boston |
| State or Province of mailing address:: | MA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 02115 |

Date: 5/23/06

Respectfully submitted,



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